

BUDGET NARRATIVE

We attest that requested federal funding will not supplant any other funding sources. Below is a revised budget narrative proposal that addresses the budget questions received.

A. Personnel

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$1,166,816	\$1,555,556	\$1,633,337	\$1,715,004	\$6,070,713
Revised	\$1,119,701	\$1,555,556	\$1,633,337	\$1,715,004	\$6,023,598

Annual salary estimates are based on mid-salary range of current state employee compensation plans. Annual amounts are increased 5% in years 2-4 to account for estimated contractual increases. Please see the next page for an employment chart that provides a salary breakdown for the staff dedicated to SIM including the annual salary, the percentage of time budgeted for the program, the total months of salary budgeted, and total salary requested. All requested positions dedicated to SIM will be new staff that are not currently employees of the state, except the Organizational and Development Specialist position for the Department of Public Health. CDC funding for the current Organizational Development Specialist ends in December, 2014. Continued funding is available for this position through PHHS block grant until October 1, 2015. This opportunity became available this spring as part of the one-time supplemental PHHS block grant funds provided to the state. Given this, we propose to use SIM funds beginning 10/1/2015 and have adjusted the budget accordingly. Accordingly, the Organizational and Development Specialist position for the Department of Public Health was reduced from 10 months to 3 months during the first year, resulting in a \$47,115 decrease in the Personnel line item.

Position Title (Agency)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Epidemiologist 3 (DPH)	\$85,368	100%	10	12	12	12	\$71,140	\$89,636	\$94,118	\$98,824	\$353,718
Physician 2 (DPH)	\$124,933	100%	10	12	12	12	\$104,111	\$131,180	\$137,739	\$144,626	\$517,656
Secretary 2 (DPH)	\$54,099	100%	10	12	12	12	\$45,083	\$56,804	\$59,645	\$62,627	\$224,159
Epidemiologist 2 (DPH)	\$67,604	100%	10	12	12	12	\$56,336	\$70,984	\$74,533	\$78,260	\$280,113
Epidemiologist 3 (DPH)	\$85,368	100%	-	12	12	12	\$0	\$85,368	\$89,636	\$94,118	\$269,122
Primary Prevention Services Coordinator (DPH)	\$88,593	100%	10	12	12	12	\$73,828	\$93,023	\$97,674	\$102,558	\$367,083
Health Program Associate (DPH)	\$70,813	100%	10	12	12	12	\$59,010	\$74,353	\$78,071	\$81,974	\$293,408
Health Program Associate (DPH)	\$70,813	100%	10	12	12	12	\$59,010	\$74,353	\$78,071	\$81,974	\$293,408
Organizational Development Specialist (DPH)	\$80,768	100%	3	12	12	12	\$20,192	\$84,806	\$89,047	\$93,499	\$287,544
Health Program Assistant 2 (DSS)	\$59,929	100%	10	12	12	12	\$49,941	\$62,925	\$66,072	\$69,375	\$248,313
Associate Accountant (DSS)	\$85,918	100%	10	12	12	12	\$71,598	\$90,214	\$94,725	\$99,461	\$355,998
Accountant (DSS)	\$51,862	100%	10	12	12	12	\$43,218	\$54,455	\$57,178	\$60,037	\$214,888
Research Analyst (PMO)	\$70,369	100%	10	12	12	12	\$58,641	\$73,887	\$77,582	\$81,461	\$291,571
Grants and Contracts Specialist (PMO)	\$84,649	100%	10	12	12	12	\$70,541	\$88,881	\$93,326	\$97,992	\$350,740
Medical Administrative Manager (PMO)	\$111,052	100%	10	12	12	12	\$92,543	\$116,604	\$122,434	\$128,556	\$460,137
Health Program Associate D (PMO)	\$69,796	100%	10	12	12	12	\$58,163	\$73,286	\$76,950	\$80,798	\$289,197
Health Program Associate E (PMO)	\$69,796	100%	10	12	12	12	\$58,163	\$73,286	\$76,950	\$80,798	\$289,197
Health Program Associate F (PMO)	\$69,796	100%	10	12	12	12	\$58,163	\$73,286	\$76,950	\$80,798	\$289,197
Nurse Consultant (OHA)	\$84,024	100%	10	12	12	12	\$70,020	\$88,225	\$92,636	\$97,268	\$348,149
Total:							\$1,119,701	\$1,555,556	\$1,633,337	\$1,715,004	\$6,023,598

REVISED PERSONNEL COSTS TABLE

Position Title	Year 1	Year 2	Year 3	Year 4	Total
<i>Physician 2</i>	104,111	131,180	137,739	144,626	517,655
DPH-Leads all aspects of the DPH-based SIM Work to develop and advance a cohesive, unified public health approach including integration of population health and health equity					
<i>Epidemiologist 3</i>	71,140	89,636	94,118	98,824	353,718
DPH-Works under the direction of the Physician 2 and provides overall population health analytic support and identification of high risk and priority populations					
<i>Epidemiologist 3</i>	0	85,368	89,636	94,118	269,122
DPH – Starts in Year 2; maintains and annually updates a model-based town-level population estimation system; develops computer programs to calculate associated age-adjusted indicators					
<i>Epidemiologist 2</i>	56,336	70,984	74,533	78,260	280,113
DPH – Conducts BRFSS analyses of populations and sub-populations, behavioral risks, health status, and prevalence of obesity, diabetes, and tobacco use					
<i>Primary Prevention Services Coord.</i>	73,828	93,023	97,674	102,558	367,083
DPH-Aligns and coordinates statewide activities addressing obesity, tobacco use, diabetes, and other priority chronic diseases; coordinates efforts among multiple DPH prevention programs					
<i>Org. Development Specialist</i>	20,192	84,806	89,047	93,499	287,544
DPH - Supports population health quality planning activities; ensures performance, accountability, and quality assessments are comprehensively reported and completed. This position has been adjusted to only be funded for 3 months in Year 1 (estimated start date of October 2015).					
<i>Health Program Associate</i>	59,010	74,353	78,071	81,974	293,408

Position Title	Year 1	Year 2	Year 3	Year 4	Total
DPH –Provides support to Physician 2 in developing the population health plan with a specific focus on researching and analyzing evidence based approaches to address identified priorities.					
<i>Health Program Associate</i>	59,010	74,353	78,071	81,974	293,408
DPH- Facilitates engagement of local health agencies and their partners in the community whose activities address the social determinants of health; reviews community health needs					
<i>Secretary 2</i>	45,083	56,804	59,645	62,627	224,159
DPH - Provides clerical and administrative support to Physician 2, Epidemiologist 3, Health Program Associate, and Primary Prevention Services Coordinator positions					
<i>Health Program Assistant 2</i>	49,941	62,925	66,072	69,375	248,313
DSS – Supports activities relating to MQISSP, including coordination with the actuarial contractor, aligning attribution methodology, and developing provider requisites and RFPs					
<i>Associate Accountant</i>	71,598	90,214	94,725	99,461	355,998
DSS – Provides financial support to MQISSP, including budget development and analysis; financial modeling; and detailed development and review of shared savings calculations					
<i>Accountant (Trainee)</i>	43,218	54,455	57,178	60,037	214,888
DSS-Supports the financial reporting requirements of both MQISSP and potential waivers and state plan amendments; supports Associate Accountant to meet workload demands					
<i>Research Analyst</i>	58,641	73,887	77,582	81,461	291,571
PMO- Develops and implements formal research projects; works with evaluation, cost, quality, care experience, and data analytics vendors to prepare data and formulate reports					
<i>Primary Care Transformation Mgr</i>	92,543	116,604	122,434	128,556	460,137
PMO - Manages staff /operations of primary care transformation; oversees AMH Glide Path					

Position Title	Year 1	Year 2	Year 3	Year 4	Total
implementation, learning collaboratives, targeted technical assistance, and Innovation Awards.					
<i>Grants/Contracts Specialist</i>	70,541	88,881	93,326	97,992	350,740
PMO - Administers procurements and provides contract administrative support for the PMO					
<i>Health Program Associate</i>	58,163	73,286	76,950	80,798	289,197
<i>Health Program Associate</i>	58,163	73,286	76,950	80,798	289,197
<i>Health Program Associate</i>	58,163	73,286	76,950	80,798	289,197
PMO- Each position will be responsible for the respective implementation, facilitation, and tracking of the following primary care transformation initiatives: (1) AMH Glide Path; (2) Targeted Technical Assistance; and (3) Learning Collaboratives and Innovation Awards.					
<i>Nurse Consultant</i>	70,020	88,225	92,636	97,268	348,149
OHA- Handles disputes/complaints related to under-service from providers and consumers. The title of “Nurse Consultant” is a classified position title in the State of CT. It is not a contractual arrangement for consultation services, but a new state employee hire. Follow this link to see a description of the classified position: Class Code 5904, Nurse Consultant (Healthcare Advocate), Pay Plan HC-28, Step 6.					

B. Fringe Benefits

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$914,038	\$1,221,125	\$1,282,185	\$1,346,294	\$4,763,642
Revised	\$865,193	\$1,201,978	\$1,262,079	\$1,325,183	\$4,654,433

REVISED FRINGE BENEFIT RATE PROPOSAL

Upon further review into our fringe benefit rate proposal, inconsistencies among the underlying

assumptions for different agencies' estimates were identified. The application of a new consistent methodology has resulted in the total fringe benefit amount to decrease by \$72,803.

The FICA, Medicare, Unemployment, and Retirement components of the fringe benefit formula are based on the Connecticut State Comptroller's FY 2014-2015 [fringe benefit rate calculations](#) that went into effect July 1, 2014. The life and medical insurance are estimates based on the average state employee health and group life insurance costs during FY 2014.

Fringe Benefit Formula	
Component	% Salary
FICA	6.20%
Medicare	1.45%
Unemployment	0.15%
Retirement	50.50%
Life (estimate)	0.21%
Medical (estimate)	18.76%
TOTAL	77.27%

One of the major contributors to Connecticut's high fringe benefit rate is the retirement component rate. This rate consists of employer contributions for retirement (including normal costs and unfunded liability), retiree health insurance costs, and retirement administration costs. Connecticut's large unfunded pension liability and its contribution to retiree health insurance costs are the drivers behind this high rate. In previous years, the pension ARC calculation included adjustments which artificially reduced the State's contribution to the fund and were significant contributors to the system's underfunding. During the current administration, these adjustments were eliminated and more conservative actuarial assumptions were adopted.

In addition, a reduction in the number of months the Organizational Development Specialist is funded for in Year 1 (decreased from 10 to 3 months) results in a corresponding reduction in

fringe benefits in Year 1 of \$36,406.

	Year 1	Year 2	Year 3	Year 4	Total
Revised Fringe Rate Methodology	(\$12,439)	(\$19,147)	(\$20,106)	(\$21,111)	(\$72,803)
Reduction in Organizational Development Specialist Fringe Benefits in Year 1	\$(36,406)	\$0	\$0	\$0	\$(36,406)
NET CHANGE	(\$48,845)	(\$19,147)	(\$20,106)	(\$21,111)	(\$109,209)

C. Travel

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$18,555	\$15,913	\$18,921	\$16,008	\$69,397
Revised	\$15,627	\$13,174	\$16,254	\$13,174	\$58,229

REVISED TRAVEL BUDGET PROPOSAL

Revised travel estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics; the 2014 lodging/MIE per diem rates from the US General Services Administration (GSA); and the 2014 GSA mileage reimbursement guidelines. In addition, Consumer Advisory Board (CAB) co-chair travel expenses have been moved to the “Other” category as instructed. These changes have resulted in a net decrease of \$11,168 to the travel budget category.

	Year 1	Year 2	Year 3	Year 4	Total
Revised Mileage Based on 2014 GSA guidelines	(\$378)	(\$69)	(\$117)	(\$164)	(\$728)
Revised R/T Airfare Based on US DOT Average Domestic Airfare (Net)	\$670	\$550	\$670	\$550	\$2,440
Removal of CAB Co-Chair Travel Expenses to “Other Category	(\$3,220)	(\$3,220)	(\$3,220)	(\$3,220)	(\$12,880)
NET CHANGE	(\$2,928)	(\$2,739)	(\$2,667)	(\$2,834)	(\$11,168)

In-State Travel	Year 1	Year 2	Year 3	Year 4	Total
<i>Mileage Reimbursement</i>	1,792	2,419	2,419	2,419	9,049

It is anticipated that all the DPH positions listed on the grant will be asked to attend coordinating or informational meetings and presentations to further SIM project goals and to participate in discussions that support development of the population health plan. It is further anticipated that most meetings will be held in the Hartford area, however coordination with health system stakeholders may occur in a central location of the state. Standard estimates for in-state travel are included based on experience with grant and statewide coordinating activities.

*Year 1: 8 staff * 40 miles per month * 10 months * \$0.56/mile = \$1,792*

*Year 2-4: 9 staff * 40 miles per month * 12 months * \$0.56/mile = \$2,419/year*

Mileage reimbursement amounts were revised so as not to exceed GSA guidelines as of January 1, 2014 of \$0.56/mile, and Year 1 calculation was revised to reflect only 10 months, resulting in a total decrease of \$728 for this line item.

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
<i>National Meeting (DPH)</i>	3,080	0	3,080	0	6,160

The Physician 2 will travel to a national meeting twice during the application period to stay current with the evidence base and innovations in addressing health equity. The Epidemiologist 3 will also attend two national meetings during the application period for best practices in data and analytics related to population health management. Specific meetings in the out-years have not yet been identified, but potential opportunities include the American Public Health Association Annual Meeting, the Council of State and Territorial Epidemiologists Annual or Regional Meeting, the Association of State and Territorial Officials Annual Meeting, or the

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
<p>Keeneland Conference for Public Health Services and Systems Research Annual Meeting.</p> <p><i>Calculation:</i></p> <p><i>Year 1: 2 staff * ((\$380 round trip airfare) + (4 days*\$219/lodging + \$71 MIE)).</i></p> <p><i>Year 3: 2 staff * ((\$380 round trip airfare) + (4 days*\$219/lodging + \$71 MIE)).</i></p> <p>Lodging and MIE estimates are based on the GSA guidelines for Washington D.C. Revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics (total increase of \$120 in Years 1 and 3).</p>					
<i>BRFSS Conference (DPH)</i>	2,715	2,715	2,715	2,715	10,860
<p>The Epidemiologist 2 will attend a 5 day Behavioral Risk Factor Surveillance System (BRFSS) conference annually to stay current with modeling, analysis and interpretation of results.</p> <p><i>Calculation:</i></p> <p><i>Years 1-4: 1 staff *4 years* (\$380 round trip airfare + (5 days*\$156/lodging + \$66 MIE) + \$1,100 registration + \$50 baggage fees + \$75 transportation).</i></p> <p>Lodging and MIE estimates are based on the GSA guidelines for Denver, CO. Revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics (total decrease of \$170 per year).</p>					
<i>SIM Conferences (PMO)</i>	8,040	8,040	8,040	8,040	32,160
<p>Costs support travel for the Director of Health Innovation, Primary Care Transformation Manager, and 2 Health Program Associates to attend SIM workshops and conferences as specified in the funding announcement on page 30. As those conferences have not yet been</p>					

Out of State Travel	Year 1	Year 2	Year 3	Year 4	Total
<p>scheduled or formally announced, estimates are based on the 2014 GSA lodging and MIE guidelines for Washington, DC and revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics (total increase of \$720 per year).</p> <p><i>Calculation:</i> 3 trips/year * 4 staff * (\$219/lodging +\$71 MIE+\$380 round trip airfare).</p>					

D. Equipment

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$0	\$0	\$0	\$0	\$0
Revised	\$15,400	\$0	\$0	\$0	\$15,400

As instructed, we have moved equipment listed under contractual agreements to the “equipment” line item, as these need to be purchased by the prime recipient/applicant. Equipment will be used to carry out daily activities related to the SIM grant and will be used 100% for SIM-related program objectives.

Equipment	Year 1	Year 2	Year 3	Year 4	Total
<i>High-Powered Computers (2)</i>	10,400	0	0	0	10,400
<p>For the evaluation team, two high powered computers for approximately \$5,200 each (Lenovo Thinkstation, part# 1136F4U from GovConnection) will be purchased in the first year. These computers are needed in order for staff to handle the large volume of data from the All-Payer Claims Database and the Health Information Exchange which is required for the evaluation of SIM-related activities.</p>					

Equipment	Year 1	Year 2	Year 3	Year 4	Total
<i>Dedicated Server</i>	5,000	0	0	0	5,000
For the evaluation team, a dedicated server will be purchased in the first year to ensure that appropriate data security protocols can be implemented. This dedicated server is needed in order for staff to handle the large volume of data from the All-Payer Claims Database and the Health Information Exchange which is required for the evaluation of SIM-related activities.					

E. Supplies

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$28,646	\$8,358	\$2,754	\$2,809	\$42,567
Revised	\$46,594	\$15,472	\$9,868	\$9,923	\$81,857

REVISED SUPPLIES PROPOSAL

Supplies will be used to carry out daily activities related to the SIM grant and will be used 100% for SIM-related program objectives. As instructed, costs related to equipment and supplies have been omitted from the contractual budgets, and are now included to be purchased by the prime recipient/applicant. This change results in a total increase of \$39,290 to this line item.

Supplies	Year 1	Year 2	Year 3	Year 4	Total
<i>General Office Supplies (DPH)</i>	2,000	2,700	2,754	2,809	10,263
Costs support general office supplies including paper, pens and staples for DPH staff. Estimated costs are \$25/month and are adjusted for inflation in years 2-4.					
<i>PC Monitors (DPH)</i>	240	120	0	0	360
Costs support additional monitors (\$120/each) for the 3 Epidemiologist positions (2 in year 1,					

Supplies	Year 1	Year 2	Year 3	Year 4	Total
one in year 2) to assist with analyses, data reviews, and presentations so that both written information and data and analyses can be viewed and crossed checked at the same time.					
<i>Computers and Software (DPH /PMO)</i>	15,150	1,010	0	0	16,160
Costs support computers and software (\$1,010/person) for the grant-funded PMO positions and DPH positions (8 in year 1, 1 in year 2) to carry out daily functions related to SIM grant.					
<i>Software Licenses (DPH)</i>	9,056	4,528	0	0	13,584
Costs support funding for SAS (\$1,500/license), ArcGIS (\$1,500/license), Instant Atlas (\$1,225/license), and Adobe Professional (\$303/license) licenses for the Epidemiologist positions (2 in year 1, 1 in year 2) for data analysis and identification of high risk populations.					
<i>Laptop (PMO)</i>	2,200	0	0	0	2,200
Cost supports a laptop for CAB offsite meeting presentations, focus groups, listening sessions, and other consumer engagement activities.					
<i>General Office Supplies (Evaluation)</i>	1,644	1,644	1,644	1,644	6,576
Cost supports general office supplies such as pens, pencils, paper, ink cartridges, staples, clips, tape, and pads to be used by the evaluation staff to carry out their daily activities. Estimated costs are \$137/month.					
<i>Desktop Computers (Evaluation)</i>	4,914	0	0	0	4,194
Cost supports the purchase of 3 desktop computers (\$910/computer) and 3 external hard drives (\$728/hard drive) to be used by evaluation team support staff to compile data for the project, create reports, and print forms and documents.					
<i>General Office Supplies (HIT)</i>	\$2520	\$2520	\$2520	\$2520	\$10,080
Costs support general office supplies including pens, pencils, printer cartridges, and paper for					

Supplies	Year 1	Year 2	Year 3	Year 4	Total
staff engaging in the health information technology initiative. Estimated costs are \$210/month.					
<i>Network Printer (HIT)</i>	\$720	0	0	0	\$720
Cost supports the purchase of a network printer in Year 1 to be used by health information technology team.					
<i>Desktop Computers (HIT)</i>	\$2600	0	0	0	\$2600
Cost supports the purchase of 2 desktop computers (\$1300/computer) in Year 1 to be used by the health information technology team.					
<i>Laptops (HIT)</i>	\$2600	0	0	0	\$2600
Cost supports the purchase of 2 laptop computers (\$1300/laptop) in Year 1 to be used by health information technology team.					
<i>General Office Supplies (IPE)</i>	2,000	2,000	2,000	2,000	8,000
Costs support enduring materials such as (external hard drives and USB backup) to collect data and training materials and non-enduring materials required for training support such as easel pads, easels, binders, folders, writing utensils, paper and ink cartridges for printing, as well as miscellaneous supplies (i.e. software and/or video services for use in training sessions with students and faculty, etc.).					
<i>General Office Supplies (CHW)</i>	950	950	950	950	3,800
Enduring materials required to support CHW workforce training and development includes enduring materials (external hard drives and USB backup) to collect data and training materials anticipated at \$2,000 for 4 years (\$500/year). Non-enduring materials required for training support include easel pads, easels, binders, folders, writing utensils, paper and ink cartridges for printing (\$450/year).					

F. Contractual

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$7,741,972	\$16,465,839	\$14,096,659	\$14,469,461	\$52,773,931
Revised	\$7,732,962	\$16,444,999	\$14,070,584	\$14,457,931	\$52,706,476

REVISED CONTRACTUAL PROPOSAL

Consultants and contractors engaged in SIM initiatives that are not currently under contract or classified as state vendors will be secured via competitive bid / RFP process and will be held accountable by procuring agency via standard progress reporting. When the contractors are formally selected, the following required information will be provided for the contracts: all contract staff positions dedicated to the SIM program included annual salary, percentage of time budgeted for, and total number of months; a clear statement of the tasks and deliverables; the expected rate of compensation, and indirect cost rates. We currently have this information for the Health Information Technology, Program Evaluation, Community Health Workers, and Inter-Professional Education, which is included below.

In addition, at the instruction of the budget questions, equipment and supplies were omitted from the contractual proposals, and included in the appropriate “equipment” or “supplies” line item to be purchased by the prime recipient/applicant. This change resulted in an overall decrease of \$67,455 for this line item.

Contractual Budget Indirect Costs

Contract/ Consultant	Rate	Year 1	Year 2	Year 3	Year 4	Total
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UConn Health (HIT)	10% of direct costs	\$58,247	\$59,925	\$61,654	\$63,435	\$243,261
UConn Health (Program Evaluation)	10% of total modified direct costs*	\$50,754	\$46,533	\$46,057	\$47,359	\$190,702
UConn and CT Area Health Education Center (IPE)	10% of total modified direct costs*	\$16,402	\$16,853	\$15,966	\$15,979	\$65,200
UConn and CT Area Health Education Center (CHW)	10% of total modified direct costs*	\$7,563	\$6,768	\$6,981	\$7,297	\$28,609

*Total Modified Direct Costs refers to the total direct costs less equipment and subrecipient charges (after the first \$25,000).

Connecticut SIM Model Test Proposal – REVISED Budget Narrative
PERSONNEL DETAIL FOR PROGRAM EVALUATION CONTRACT

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Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Principal Investigator (Robert Aseltine)	\$157,214	25%	12	12	12	12	\$39,304	\$40,483	\$41,697	\$42,948	\$164,432
Project Director (TBD)	\$105,000	40%	12	12	12	12	\$42,000	\$43,260	\$44,558	\$45,895	\$175,713
Research Associate 2 (Elizabeth Schilling)	\$89,326	38%	12	12	12	12	\$33,497	\$34,502	\$35,537	\$36,603	\$140,139
Research Associate 1 (Laurel Buchanan)	\$77,598	36%	12	12	12	12	\$27,935	\$28,773	\$29,637	\$30,526	\$116,871
Planning Specialist (Erin Havens)	\$67,224	50%	12	12	12	12	\$33,612	\$34,620	\$35,659	\$36,729	\$140,620
Research Assistant 3 (Eric Horan)	\$65,105	*30%	12	12	12	12	\$19,532	\$33,529	\$34,535	\$35,571	\$123,167
Research Associate 2 (Dorothy Wakefield)	\$100,595	**20%	12	12	12	12	\$20,119	\$20,723	\$10,672	\$10,992	\$62,506
Data Manager (April Panzer)	\$110,598	5%	12	12	12	12	\$5,530	\$5,696	\$5,867	\$6,043	\$23,136
Executive Assistant (Diane Burnat)	\$66,481	15%	12	12	12	12	\$9,972	\$10,271	\$10,579	\$10,897	\$41,719
Project Administrator (TBD)	\$71,531	15%	12	12	12	12	\$10,730	\$11,052	\$11,383	\$11,725	\$44,890
Total:							\$242,231	\$262,909	\$260,124	\$267,929	\$1,033,193

*For the Research Assistant 3 position, 30% of time will be spent on SIM-related activities in Year 1, and 50% of time will be spent on SIM-related activities in Years 2 through 4.

** For this Research Associate 2 position, 20% of time will be spent on SIM-related activities in Years 1 and 2, and 10% of time will be spent on SIM-related activities in Years 3 and 4.

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. Dr. Aseltine is supported by a mix of state funds and soft money. He will

reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. All other proposed UConn employees is included in the evaluation budget is a current state employee on “soft” money meaning they are not funded through the state appropriations process. These CPHHP employees are funded by contract, grant or consulting fees, and are routinely assigned to new projects as appropriate. UConn does not anticipate hiring new employees, and if the current employees were not funded by the SIM grant, UConn would be seeking other projects or could potentially be forced to lay these employees off

PERSONNEL DETAIL FOR PROGRAM EVALUATION CONTRACT (cont.)

Robert Aseltine Ph.D., Principal Investigator: Will plan and supervise all the evaluation activities, including the compilation and analysis of secondary data, the collection and analysis of primary data. Coordinate with PMO Director and the innovation team to design quasi-experiments that will enable the team to conduct rigorous evaluations of program components. Work with Dr. Cleary at Yale to coordinate the evaluation activities performed by other faculty and staff at the two universities. *Deliverables:* oversight/preparation/delivery of all reports, data analysis, presentations and publications for this project.

TBD, Project Director: Will provide day to day oversight and supervision of all evaluation activities and staff, and will oversee work of data collection and informatics subcontractors. *Deliverables:* Successful coordination of activities between departments and UConn Health and Yale University, deliver of quarterly report to oversight committee and stakeholders, and collaboration in reports and publications.

Elizabeth Schilling, Research Associate 2: Will coordinate statistical analysis of survey and administrative data and provide periodic reports related to program implementation and outcomes. *Deliverables:* analysis of data to populate quarterly reports on program pace and outcomes.

Laurel Buchanan, Research Associate: Will coordinate all data acquisition and data management for the project, contribute to periodic reporting, and ensure compliance with University, state, and federal privacy and security regulations and policies. *Deliverables:* creation and maintenance of database; generation of reports related to monitoring/compliance with IRB/HIPAA rules and regulations.

Erin Havens, Planning Specialist: Will support the Principal Investigator in preparing reports and presentation of results to stakeholders. *Deliverables:* preparation of interim/ final reports and presentations of results to various stakeholder groups.

Eric Horan, Research Assistant 3: Will support the PI in preparing reports and presentation of results to stakeholders. *Deliverables:* preparation of interim/ final reports and presentations of results to various stakeholder groups.

Dorothy Wakefield, Research Associate : Will assist in analysis of data and take the lead role in programming related to cleaning and analysis of claims data. *Deliverables:* production of

cleaned, integrated datasets and data analysis to populate quarterly reports on program pace and outcomes.

April Panzer, Data Manager: Will oversee informatics contracting and preparation of web-based dashboards and presentation of results. *Deliverables:* preparation and oversight of all contracts and performance monitoring related to database creation/maintenance and construction of web-based data presentation and access.

Diane Burnat, Executive Assistant: Will assist in correspondence between agencies, universities, and subcontracting including management of meetings and meeting minutes, and ordering of supplies. *Deliverables:* schedules; correspondence among universities, state, and federal agencies involved in the project; and meeting minutes.

TBD, Project Administrator: Will initiate, monitor and manage the total award including FTE of personnel, subcontracts, subcontractor deliverables, and fiscal reporting. *Deliverables:* reports & documentation related to personnel, subcontractors, and fiscal reporting.

PERSONNEL DETAIL FOR HEALTH INFORMATION TECHNOLOGY CONTRACT

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Research Associate 2 (TBD)	\$157,214	100%	12	12	12	12	\$79,685	\$82,076	\$84,538	\$87,074	\$333,373
Research Associate 1 (TBD)	\$105,000	100%	12	12	12	12	\$69,430	\$71,513	\$73,658	\$75,868	\$290,469
Research Assistant 1 (TBD)	\$89,326	100%	12	12	12	12	\$46,592	\$47,990	\$49,429	\$50,912	\$194,923
Research Assistant 1 (TBD)	\$77,598	50%	12	12	12	12	\$23,296	\$23,995	\$24,715	\$25,456	\$97,462
Application Developer 3 (TBD)	\$67,224	100%	12	12	12	12	\$82,076	\$84,538	\$87,074	\$89,687	\$343,375
Application Developer 2 (TBD)	\$65,105	100%	12	12	12	12	\$69,430	\$71,513	\$73,658	\$75,868	\$290,469
Total:							\$370,509	\$381,625	\$393,072	\$404,865	\$1,550,071

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. **All of the proposed positions are new positions.**

PERSONNEL DETAIL FOR HEALTH INFORMATION TECHNOLOGY CONTRACT**(cont.)**

Research Associate 2 (TBD): Will be hired to conduct statistical analysis and modeling of data across payers.

Research Associate 1(TBD): Will work with the practices to answer any day-to-day questions with respect to the technical assistance as it relates to HIT. Will liaison with other SIM workgroup teams as well as with the community-based agencies with respect to data collection and follow-up activities with participants.

Research Assistant 1(TBD) (1.5 FTES): Will assist the Research Associate 1 and work with entities to answer any day-to-day questions and provide HIT technical assistance.

Application Developer 3 (TBD): Will develop interfaces to ensure that practices can submit data using standards-based protocols. Lead the design to merge all the data streams and automate the creation of outcome management reports and monitor the application performance to meet data reporting requirements.

Application Developer 2 (TBD): Will program a web-based application to facilitate the collection of all the required data, merge all the data streams and automate the creation of outcome management reports and monitor the application performance to meet data reporting requirements.

PERSONNEL DETAIL FOR INTER-PROFESSIONAL EDUCATION CONTRACT

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Principal Investigator (Bruce Gould)	181,500	1%	12	12	12	12	\$1,815	\$1,869	\$1,926	\$1,983	\$7,593
Program Manager (Petra Clark-Dufner)	104,055	10%	12	12	12	12	\$10,406	\$10,718	\$11,039	\$11,370	\$43,533
Education and Development Specialist (TBD)	\$65,770	50%	12	12	12	12	\$32,885	\$33,872	\$34,888	\$35,934	\$137,579
Program Administrator (TBD)	\$69,430	10%	12	12	12	12	\$6,943	\$7,151	\$7,366	\$7,587	\$29,047
Administrative Program Assistant II (TBD)	\$48,193	20%	12	12	12	12	\$9,639	\$9,928	\$10,226	\$10,532	\$40,325
Total:							\$61,688	\$63,538	\$65,445	\$67,406	\$258,077

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. The dollars requested will directly support the IPE initiative which does not currently exist in the scope of work of the personnel identified. The current State employee FTE dedicated to the SIM is listed in far right column (1% Bruce Gould, 10% Petra Clark-Dufner). Dr. Bruce Gould is the PI for the IPE Project. These individuals are supported by a mix of state funds and soft money. They will reduce their soft money supported percent effort for other projects in order to assume SIM funded responsibilities. The other positions are to be named and are NOT current State employees (Educational & Development Specialist (50%), Program Administrator overseeing fiscal monitoring and contracts (10%), and Administrative Program Assistant II (20%). The effort for the latter position was formerly noted as attached to an existing state employee, Ula Kubrynski, however, that is no longer the case. This will be a new position. The hiring process would follow the requirements as set forth by the State/UConn Health.

PERSONNEL DETAIL FOR INTER-PROFESSIONAL EDUCATION CONTRACT**(cont.)**

Bruce Gould, Principal Investigator: Will serve as the Principal Investigator on the Connecticut Service Track (CST)/Interprofessional Education (IPE) initiative. Will be responsible for overall direction and definition of the initiative statewide including development of infrastructure, policy and sustainability plans, inventorying community and health professions program partners and stakeholders, developing curriculum content and resources, and program evaluation. Will facilitate information sessions/meetings for regional stakeholders and convene an annual statewide IPE/CST conference for sharing of best practices and consortium development.

Petra Clark-Dufner, Program Manager: As the Director of the Urban Service Track, will provide the direct program management of the initiative statewide. Responsibilities will include working directly with initiative personnel and contractors, as well as coordinate contracts and programming needs of partner health professions schools during all phases of the initiative. Will also coordinate the development of an online toolkit and website for both partner schools, community agencies and community preceptors.

Educational and Development Specialist (TBD): Will assist with the curriculum development, training and coordination of regional interprofessional education programs and state-wide meetings

Program Administrator (TBD): Will provide administrative support and oversight of SIM budget and subcontracts as well as time and effort reporting for personnel.

Administrative Program Assistant II: Will provide administrative support to this project which includes Program Office activities and coordination with subcontractor.

PERSONNEL DETAIL FOR COMMUNITY HEALTH WORKERS CONTRACT

Position Title (Name)	Annual Salary	Time %	Months				\$ Requested				TOTAL
			Yr 1	Yr 2	Yr 3	Yr 4	Yr 1	Yr 2	Yr 3	Yr 4	
Principal Investigator (Bruce Gould)	\$181,500	5%	12	12	12	12	\$9,075	\$9,347	\$9,628	\$9,916	\$37,966
Program Administrator (TBD)	\$69,430	10%	12	12	12	12	\$6,943	\$7,151	\$7,366	\$7,587	\$29,047
Program Coordinator (TBD)	\$58,178	14%	12	12	12	12	\$8,145	\$8,389	\$8,641	\$8,900	\$34,075
Total:							\$24,163	\$24,887	\$25,635	\$26,403	\$101,088

The expected rate of compensation for these positions is the percentage of time allocated for SIM-related activities, multiplied by the respective annual salary. This personnel budget includes a 3% annual increase. The dollars requested will directly support the CHW initiative which does not currently exist in the scope of work for the personnel identified. The current State employee FTE dedicated to this initiative is in the far right column. Dr. Bruce Gould is the PI on the initiative and a current state employee. Dr. Gould is supported by a mix of state funds and soft money. He will reduce his soft money supported percent effort for other projects in order to assume SIM funded responsibilities. The other positions (for a total FTE of .24) are to be named and are NOT current State employees (Project Administrator and Program Coordinator). The hiring process would follow the requirements as set forth by the State/UConn Health.

Bruce Gould, Principal Investigator: Will be responsible for overall direction and definition of the initiative statewide including development of infrastructure, policy and sustainability plans, delineation of training methods, marketing, and stakeholder engagement. He will develop information sessions/meetings for regional stakeholders and convene the statewide CT CHW Advisory Board.

Program Administrator (TBD): Will provide administrative support and oversight of SIM budget and subcontracts as well as time and effort reporting for personnel.

Program Coordinator (TBD): Will provide administrative support to the project which includes Program Office activities and coordination with Southwestern AHEC subcontractor.

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<i>Population Health</i>	523,000	443,000	343,000	343,000	1,652,000
<p>DPH will procure: (1) a consultant to facilitate stakeholder meetings and to assist in the development of the population health plan (estimated 204 days over 2 years, \$120 hourly); and (2) a consultant to develop and test a statistical modeling system that uses currently available data to create a consistent series of annual post-censal, town-level population estimates (estimated 130 days during Year 1 at \$120 hourly). DPH will use its existing contract with ICF Macro International to double the CT BRFSS sample size for sufficient statistical power to generate small area estimates for population subgroups (2,000 land line interviews at \$50/interview and 3,000 cell phone interviews at \$81/interview).</p>					
<i>Medicaid QISSP</i>	2,068,764	1,166,830	2,251,308	1,913,186	7,400,088
<p>DSS will expand existing contracts with Mercer Consulting to perform various activities related to the establishment of the Medicaid QISSP, including procurement for FQHCs and Advanced Networks, program design and evaluation, actuarial support, and Community Health Network of Connecticut (CHN-CT) to develop and implement under-service monitoring tools. (Mercer Consulting \$5,850,000, CHNCT \$1,550,086)</p>					
<i>AMH Glide Path</i>	601,749	4,496,168	1,686,047	4,082,911	10,866,875
<p>PMO will procure practice transformation support vendors to assist 500 practices to achieve AMH status. Average estimated cost per practice is \$16,000 with a 12 month average duration. Enrollment estimates: 75 practices in year 1; 175 practices in year 2; 175 practices in year 3; and 75 practices in year 4. PMO contract includes requirement to facilitate AMH learning collaborative (LC), development/ monitoring of online collaboration site, quarterly seminars, annual symposium, monthly webinars, and conference calls. Includes funding for expansion of</p>					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
existing CHNCT contract for administration of the glide path process – total of \$366,875 over four years.					
<i>Targeted Technical Assistance</i>	375,000	1,500,000	1,500,000	1,500,000	4,875,000
PMO will procure a contract with targeted technical assistance vendors to provide specialized transformation support in 11 priority areas (9 for Advanced Networks and 11 for FQHCs) over the course of two, 18-month waves and development and facilitation of 2 LCs, one each for Advanced Networks and FQHCs.					
<i>Innovation Awards</i>	1,500,000	1,500,000	1,500,000	1,500,000	4,500,000
Innovation awards for Medicaid QISSP participating FQHCs and Advanced Networks will be available as competitive awards (subawards/subgrants) in the 11 targeted technical assistance areas (9 for Advanced Networks and 11 for FQHCs). Approximately 10-15 organizations will receive awards ranging from \$300,000 to \$450,000. A detailed description of the innovation awards program will be provided for prior approval. The specifics of the program will be defined during the pre-implementation period by the SIM PMO and an innovation awards committee, with input from the practice transformation task force and the population health plan initiative.					
<i>Care Experience Survey</i>	0	308,700	308,700	0	617,400
PMO will procure for the creation and implementation of a cross-payer care experience survey tool selected by the Quality Council and approved by the Steering Committee in Year 1.					
<i>Health Information Technology</i>	1,759,915	4,755,692	4,622,894	3,242,481	14,380,983
DSS will contract with UConn for overall HIT/Analytics strategic planning/support, including:					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
<p>staffing costs, travel, and fringe - \$2.44 M; DSS will acquire/implement Care Analyzer-\$700K, Consent Registry- \$1.54M, 1-3 Disease Registries & Mobile Medical Applications -\$2.2M, EMPI-Nextgate-\$390K, PHR-MyChart_\$2.4M, Provider Directory-NextGate-\$405K, Direct Messaging/ADT-\$600K, Edge Servers/Indexing/eCQM-\$1M, EHR-SaaS-\$735K; BEST hosting services-\$480K; crowd sourcing-\$360K; expert facilitator for HIT Plan development-\$350K; and APCD edge server linkage and integration of Medicaid data- \$540K. This budget was decreased by taking out the equipment/supplies funding of \$4,000 a year, and moving that to the appropriate line item. As a result, the indirect costs are also lower, for a total decrease of \$17,600 over 4 years.</p>					
<i>Community Health Worker</i>	216,431	252,123	260,595	263,849	992,998
<p>UConn, in collaboration with CT AHEC, will support strategic planning, marketing support and product development; conduct workforce needs assessment; develop training curriculum and certification program; develop placement and community college partnership program; evaluate program; develop sustainability models; and facilitate stakeholder meetings/annual conference. This budget was decreased by taking out the equipment/supplies funding of \$950 a year, and moving that to the appropriate line item. As a result, the indirect costs are also lower, for a total decrease of \$4,180 over 4 years.</p>					
<i>Inter-professional Education</i>	208,226	238,179	228,429	228,568	903,402
<p>UConn, in collaboration with CT AHEC, will identify educational partners and health professions training programs; develop on-line repository for material; develop communication channels for partners; conduct informational sessions; host regional meetings and annual conference; share best practices; develop and incorporate IPE team-based curricula and IPE</p>					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
training sites throughout the state, design and develop evaluation. This budget was decreased by taking out the equipment/supplies funding of \$2,000 a year, and moving that to the appropriate line item. As a result, the indirect costs are also lower, for a total decrease of \$8,800 over 4 years.					
<i>Teaching Health Center</i>	413,201	409,461	0	0	822,662
PMO will request approval for a sole source contract in compliance with state procurement rules to contract with the Community Health Center Association of Connecticut to design/implement a statewide teaching health center consortium.					
<i>VBID</i>	216,394	36,394	36,394	36,394	325,576
PMO will procure 3 subject matter expert panelists for employer VBID learning collaborative (1 day per consultant per collaborative @ \$1,500 speaker fees plus travel & expenses); and 1 contractor to facilitate employer-led consortium meetings to develop a VBID template and toolkit, and to facilitate 3 annual learning collaboratives.					
<i>Consumer Engagement</i>	101,592	101,592	101,592	101,592	406,368
PMO will procure: (1) 4 independent subject matter experts per year for quarterly CAB presentations (1 day per consultant per collaborative @ \$1,500 speaker fees plus travel & expenses); (2) one facilitator for 4 issue-based consumer focus groups and 4 listening sessions per year @ \$5,000 each; (3) contracted interpreter services for CAB meetings and focus groups @ \$200 per meetings for 20 meetings per year; and (4) funding for six community organizations for quarterly consumer outreach and engagement and feedback loops @ \$2,000 each.					
<i>Program Evaluation</i>	1,248,690	1,236,860	1,231,625	1,245,950	4,963,125
The PMO intends to contract with UConn and Yale (sub-contractor) to undertake all program					

Initiative	Year 1	Year 2	Year 3	Year 4	Total
evaluation activities. Equipment and supply costs have been omitted from this contractual budget and transferred to the appropriate line items, as instructed (\$11,490 in supplies and \$15,400 in equipment).					

REVISED JUSTIFICATION: CONTRACT STAFF TRAINING/EDUCATION

Our State Healthcare Innovation Plan (SHIP) has six workforce initiatives. Our project narrative includes three of them for SIM Testing Grant funding: (1) Community Health Workers, (2) Connecticut Service Track (Inter-Professional Education) and (3) Teaching Health Centers (Innovative Primary Care Residency Programs). Innovative payment methodologies and delivery system designs are not enough to achieve better health, better health care and a reduction in the growth of healthcare costs, nor enough to improve the experience of health care or to reduce health disparities in our state. To achieve these ends, Connecticut must have in numbers, composition and education a health workforce tailored to these tasks. We believe that SIM funding is necessary to lay the groundwork for this workforce. SIM will enable the achievement of these objectives beyond the period of performance, but within the ten year period included in our financial analysis of the long term benefits of SIM related investments.

We are aware that costs for training and education program for contract staff/providers are generally unallowable, which is one reason that we did not seek funding for continuing education, another of our SHIP's six workforce initiatives. The funding being sought for the Community Health Worker, Connecticut Service Track and Teaching Health Center initiatives is not for defraying the direct costs of training contractors or providers, but for establishing statewide programs that will help educate a health workforce from which providers can draw and be drawn. Also, each of these initiatives by virtue of being statewide and involving multiple

disciplines, institutions and venues will impact the orientation of our entire health workforce, and thereby, our delivery system.

The Community Health Worker initiative is targeted at the obdurate problem of health disparities and also the care of the chronically ill who typically need multiple services and who have such difficulty navigating health care. AHEC with its four regional offices will be directly engaged in this initiative, as will several and perhaps ultimately more of our community colleges. Our Departments of Public Health and Labor will play significant roles. Our consumer advocacy community is intently interested in this initiative and will participate in its design. Providers and other prospective employers are also interested and will be engaged to ensure that training modules are available in the various skill sets that different employers need. Payers will be engaged to determine how community health workers may be reimbursed either directly or through payments to the practices and institutions that hire them.

AHEC will work toward the participation in the Connecticut Service Track (CST) of all our health professions schools and programs. The educational venues will be community-based and throughout the state. Clinicians of different disciplines working as care teams does not just happen. An understanding of the value of team-based care is needed. Practice is important. Being educated together and learning how to work in teams are important, as is working in teams to better serve disadvantaged populations. Our desire is that Connecticut Service Track teams will eventually impact the care of disadvantaged populations in all communities of the state.

The Teaching Health Center (THC) initiative is a statewide planning and capacity building project done in partnership with multiple community health centers (CHCs) and teaching hospitals. The primary goal of the THC initiative is to increase the pool of well-trained primary care physicians with expertise in community medicine, especially in the care of the underserved.

HRSA has already acknowledged the important role that CHCs can play in the training of community-based primary care physicians and it is our intent in CT to build on the HRSA established model and establish a consortium of THC's statewide. Participating CHCs will partner with their local teaching hospitals to lead this unique workforce development initiative.

The UConn Health Center has already pledged technical assistance. This initiative will foster learning collaboration among our CHCs, which have hitherto done their work largely independently of each other, and among the teaching hospitals that will affiliate with the THC residencies. It will ensure that our community health centers benefit from the latest developments in primary care. In light of the mission of CHCs, this initiative will increase the capability of our primary care workforce to address health disparities and to meet the needs of our disadvantaged communities. A consortium of Teaching Health Centers will bind our state together in building capacity for the community-based primary care that is at the core of our SIM design. Our THC initiative will ultimately increase the numbers of primary care physicians to help meet the requirements of our SIM delivery model for more primary care clinicians. It will also help other states to address their shortage of primary care physicians since not all of the graduating residents will remain in Connecticut. Budgeted funds in our proposal will be used for the start-up development of the THC residency programs across the state, not for direct training costs.

We appreciate that graduates of these three programs cannot have much material impact within the four years of the SIM grant. But we believe that the processes of establishing these programs will immediately and positively impact the orientation of our current health workforce and our delivery system. In large measure, what we are attempting is a quick shift in culture. Down the road, graduates of these programs will have a substantial direct impact.

G. Other

	Year 1	Year 2	Year 3	Year 4	TOTAL
Original	\$736	\$1,160	\$1,455	\$1,485	\$4,836
Revised	\$4,076	\$4,500	\$4,795	\$4,825	\$18,196

REVISED “OTHER” BUDGET PROPOSAL.

“Other” costs will support SIM-related program objectives. As instructed, the Consumer Advisory Board travel expenses were transferred from the “Travel” line item to the “Other” line item. In addition, the round trip airfare estimated costs were revised to reflect the U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics. This results in a \$13,360 increase to this line item.

Other	Year 1	Year 2	Year 3	Year 4	Total
<i>Telephone Installation (DPH)</i>	320	40	0	0	360
Costs support the installation of dedicated phone lines for 9 DPH staff (\$40/phone)					
<i>Copier Expense (DPH)</i>	416	468	477	487	1,848
An administrative printer/copier expense is included for maintenance associated with everyday printing/copy costs for 9 DPH staff assigned to this project. Standard estimates are based on average costs/ staff usage: 50 pages/week * 20 cents per page, adjusted in years 2-4 for inflation.					
<i>License Renewal (DPH)</i>	0	652	978	998	2,628
Software license renewals in Year 2, 3, and 4 are included for each of the 3 Epidemiologists positions associated with the need for SAS, ArcGIS and Instant Atlas.					
<i>Consumer Annual Conference</i>	3,340	3,340	3,340	3,340	13,360
These costs support the opportunity for Consumer Advisory Board (CAB) co-chairs to attend					

one annual conference a year on consumer engagement best practices.

Calculation: 1 trip/year * 2 CAB leaders * (\$219/lodging +\$71 MIE+\$380 round trip airfare+\$1,000 registration). Estimates are based on the 2014 GSA lodging and MIE guidelines for Washington, DC and revised round trip airfare estimates are based on U.S. Average Domestic Itinerary Fares for the first quarter of 2014, as reported by the U.S. Department of Transportation, Bureau of Transportation Statistics.

I. Total Direct Costs

The table below shows the differences between the original and revised proposal by line item categories. The total revised proposal is \$166,897 less than the original submission.

	Year 1		Year 2		Year 3		Year 4		TOTAL	
	Orig.	Rev.	Orig.	Rev.	Orig.	Rev.	Orig.	Rev.	Orig.	Rev.
A. Personnel	1,166,816	1,119,701	1,555,556	1,555,556	1,633,337	1,633,337	1,715,004	1,715,004	6,070,713	6,023,598
B. Fringe Benefits	914,038	865,193	1,221,125	1,201,978	1,282,185	1,262,079	1,346,294	1,325,183	4,763,642	4,654,433
C. Travel	18,555	15,627	15,913	13,174	18,921	16,254	16,008	13,174	69,397	58,229
D. Equipment	-	15,400	-	-	-	-	-	-	-	15,400
E. Supplies	28,646	46,594	8,358	15,472	2,754	9,868	2,809	9,923	42,567	81,857
F. Contractual	7,741,972	7,732,962	16,465,839	16,444,999	14,096,659	14,070,584	14,469,461	14,457,931	52,773,931	52,706,476
H. Other	736	4,076	1,160	4,500	1,455	4,795	1,485	4,825	4,836	18,196
I. Total Direct Costs	9,870,763	9,799,553	19,267,951	19,235,679	17,035,311	16,996,917	17,551,061	17,526,040	63,725,086	63,558,189